

Report on Engrossed Substitute Senate Bill 6237

Recommendations Regarding a Career Path Plan for Medical
Assistants

December 2012



Publication Number 631-038

For more information or additional copies of
this report contact:

Office of the Assistant Secretary
P.O. Box 47850
Olympia, WA 98504-7850

Phone: (360) 236-4766
Fax: (360) 236-2901

Medical Assistant Program

Mary C. Selecky
Secretary of Health

Page	Contents
1	Executive Summary
3	Background
3	Requirements of Engrossed Substitute Senate Bill 6237
4	Credit for Prior Learning
5	Barriers to Training and Career Advancement
5	Career Path
8	Other Concerns
9	Other States
10	Recommendations

APPENDICES

Appendix A – Engrossed Substitute Senate Bill 6237 –
Medical Assistants (See Section 11)

Appendix B – Texas Workforce Board Record of Previous
Education and Training Form

Appendix C – Notes from Career Ladder Workshops

References

Executive Summary

In 2012, the Washington State Legislature passed Engrossed Substitute Senate (ESSB) 6237 (see Appendix A). The bill amends chapter 18.130 RCW and adds a new chapter to Title 18 RCW creating the medical assistant (MA) profession, effective July 1, 2013. It creates four categories of medical assistants: medical assistant-certified (MA-C), medical assistant-registered (MA-R), medical assistant-hemodialysis technician (MA-H), and medical assistant-phlebotomist (MA-P). These MAs will work under the supervision of a physician, osteopathic physician, podiatric physician, registered nurse, advanced registered nurse practitioner, naturopath, physician assistant, osteopathic physician assistant, or optometrist.

People currently performing medical assistant duties in Washington often hold a health care assistant credential, although some medical assistants have no state credential. There are seven categories of health care assistant credentials, each with a different scope of practice and minimum requirements. Health care assistants holding a current and active credential with the Department of Health (department) as of July 1, 2013, will be transitioned to a medical assistant credential. Depending on their category, health care assistants will be transitioned to a MA-P, MA-H, or MA-C. The health care assistant profession will be phased out by July 1, 2016. There will be no transition to the registered MA credential. The MA-R credential will be issued only to new applicants, beginning July 1, 2013.

The bill creating medical assistants as a recognized, credentialed profession in Washington also requires the department to develop, in consultation with stakeholders, recommendations on a career path for medical assistants.

A career ladder is defined by the Encyclopedia and Dictionary of Medicine, Nursing and Allied Health as “the organization of education or experience for health care professionals to increase their expertise and receive recognition for professional development.” To fulfill this requirement of the bill, department employees invited representatives from the stakeholder groups identified in ESSB 6237 to two workshops, held at the department’s Tumwater campus on July 11, 2012, and August 7, 2012. A draft of this report was sent to workshop participants for review and comment to ensure their concerns and recommendations were accurately reflected.

The department and the stakeholder participants identified the following issues that should be addressed in building effective career ladders:

- Colleges and technical schools should develop standardized credit for prior learning including classroom education and on-the-job training.
- Lawmakers, agencies, schools, and professional associations need to identify and address barriers to training and career advancement.
- Community, career and technical colleges, and employers need to continue to share information and market their education programs and job opportunities.
- Educational institutions, health care providers, and organizations representing health professions should form broad-based, inclusive partnerships, and should develop effective systems for the delivery of education and training throughout the state.
- Successful programs and policies from other states should be reviewed as potential models to form a career path for medical assistants and other health care professions.

- The Department of Health should work with the Department of Labor and Industries (L&I) to promote health profession apprenticeship programs similar to those now available through L&I for dispensing opticians, physical therapist aides, and physical therapist assistants.
- Educational institutions, health care facilities, providers, and professional organizations should work together to expand clinical experience programs to enhance classroom training, similar to the Rural Outreach Nursing Education (RONE) project at Lower Columbia College.

The department recognizes that the development and support of career ladders is important to foster the growth of medical assistants and other health care professions.

Background

Medical assistants, or MAs, are health care professionals who commonly work in ambulatory settings, such as physicians' offices, clinics, and group practices. MAs are trained to perform administrative and clinical procedures as part of a health care team. They are often confused with health care assistants (HCAs) in Washington. MAs are not currently credentialed by the department. Health care assistants are certified to perform very specific tasks such as blood draws, certain types of injections, administering limited medications, performing skin tests, and performing hemodialysis. "Medical assistant" is a commonly used title in the national health care arena, but "health care assistant" is unique to Washington and not widely used in educational or practice settings.

Legislation introduced concerning medical assistants prior to the passage of ESSB 6237 includes:

- Engrossed Substitute Senate Bill 6582 – passed into law during the 2010 regular legislative session to create a 'bridge' between the medical assistant, nursing assistant, and home care aide professions by recognizing the relevant credentialing requirements regarding training and experience.
- House Bill 2009 – introduced in the 2011 regular legislative session, this bill proposed regulating medical assistants and authorizing them to perform certain tasks in medical offices and clinics once they are registered with the department and acting under the direct authorization of a licensed health care practitioner. This bill was referred to the department for a sunrise review which was completed December 2011.
- House Bill 2227 – introduced in the 2012 regular legislative session, this bill proposed registration of medical assistants who have been certified by the department or endorsed by a health care practitioner, and included certification requirements.

Requirements of Engrossed Substitute Senate Bill 6237

In addition to creating the medical assistant credential, ESSB 6237 requires the department to develop recommendations regarding a career path plan for medical assistants. The bill states the recommendations must:

- Contain methods for including credit for prior learning.
- Identify barriers to career advancement and career ladder training initiatives.
- Evaluate and map career paths for medical assistants and entry-level health care workers to transition by means of a career ladder into other health care professions.

The bill directs the department to consult with stakeholders including health care practitioner professional organizations, organizations representing health care workers, community colleges, career colleges, and technical colleges. The bill directs the department to report its recommendations to the legislature no later than December 15, 2012.

Credit for Prior Learning

Credit for prior learning is granted to students when they can show, through official transcripts that they have received instruction and satisfactorily demonstrated their learning from a post-secondary institution in a particular subject area. These credits are then transferred and recognized from other regionally accredited institutions of higher education.

The department recognizes that credit for prior learning as described above does not address or recognize on-the-job training as a means of obtaining credit for prior learning. Stakeholders at both workshops asserted that it is important to recognize and assign the appropriate credit to on-the-job training of individuals who work as specialty personnel in medical offices. These employees perform tasks that do not necessarily fall under the purview of current health care assistants and are not specifically identified in ESSB 6237.

Participants at the workshops also stated that:

- Credits should transfer for both regionally and nationally accredited institutions:
 - Regionally accredited educational institutions are commonly ‘traditional’ non-profit institutions like state and community colleges that offer a variety of academic programs. There are six regional accrediting agencies recognized by both the U.S. Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA).
 - National accreditation allows ‘nontraditional’ institutions (religious schools, trade schools, some online schools) to be compared against similarly designed institutions nationally. This would not be possible with regional accreditation. There are 24 national accrediting agencies recognized by both the USDE and CHEA.¹
 - Recognizing both types of accreditation will accommodate varying modes of study and student choices, and allow articulation and credit transfer between institutions.
- The responsibility of proving prior learning should be placed on the student or employee.
- Institutions of higher education should have policies and procedures to consistently, fairly review credits from either regionally or nationally accredited institutions, and prior learning from on-the-job training.
- Standardized and competency-based criteria should be used to assess prior learning.
- Institutions of higher education within the state should recognize and give credit for the education and training to achieve the department-issued medical assistant credential, specifically, a non-grandfathered MA-C credential:
 - This would put the focus on the credential and recognize that an educational program was completed and an exam was passed.
 - This would also replace some of the need for articulation agreements between different institutions. An articulation agreement is an officially approved agreement that matches coursework between schools, ensuring that credits will transfer between the institutions. These agreements are built between schools and

¹ As of September 2012. Chart prepared by CHEA http://www.chea.org/pdf/chea_usde_allaccred.pdf

can take months to complete. Recognizing and granting credit based on the state credential would standardize processes and procedures throughout the state.

Barriers to Training and Career Advancement

For an effective career ladder to be built and maintained, barriers to training and career advancement facing students and entry-level health care workers must be identified and removed. Stakeholders from the medical assistant community identified the following as barriers:

- Lack of value placed on on-the-job training:
 - Mechanisms exist for issuing credit for prior learning when the learning can be shown through official transcripts from institutions of higher learning. These mechanisms do not exist for assigning credit based upon on-the-job experience and training.
- Articulation agreement process:
 - These agreements are made on an individual basis between institutions of higher education. Articulation agreements need to be reached between career and vocational schools, community colleges, and four-year colleges. These agreements can take months to establish. Reaching agreements where credits would transfer between institutions on a statewide level would take years.
- Four-year colleges need to participate in the partnership:
 - Many representatives from career, technical, and community colleges participated in the department's career ladder workshops. More outreach and participation from four-year colleges is needed to help establish a career path continuum for medical assistants and other health care workers to progress into health professions that require a Bachelor's degree or higher.

Career Path

In consultation with multiple stakeholders, including Washington's community colleges, career and technical colleges, professional associations, and associations representing health care workers, the department has identified that:

- Opportunities and programs must continue to be marketed to make students aware of all options available to them.
- The current and potential partnerships identified in Table 1 must be built and strengthened.
- Education and training must be delivered effectively to build a successful career path to medical assistants or other health care professions, such as nursing, physician assistants, physical or occupational therapy, etc.

Information Sharing and Marketing

Community colleges, career and technical colleges should continue marketing their programs through the use of the internet and major media outlets. Efforts to continue successful marketing programs will attract students interested in careers as health care professionals.

During the August 7, 2012, workshop in Tumwater, attendees agreed that community colleges, and career and technical colleges are actively marketing their programs and sharing information with current and potential students and allied health care workers. These institutions:

- Use the internet and other major media outlets to advertise their programs.
- Host information and orientation sessions.
- Use placement programs to connect graduating student with employers.

Representatives from health care organizations described how they encourage allied health care workers to go to school to advance their careers. They foster career growth through flexible scheduling, providing contacts to different educational institutions, sharing experiences, and mentoring allied health professionals who are attending school.

Current and Potential Partnerships

Broad-based, inclusive partnerships are essential to building career paths. Potential partners and their roles are described in the following table:

Table 1

Partners	Roles
Educators on all levels of health care instruction programs	Educators – all health care fields must recognize the potential for advancement for entry-level health care professionals
Students on all levels of health care instruction programs	Students – the career growth of medical assistants depends on the success of students advancing to other health fields
Entry-level and advanced health care professionals, independent practitioners, and supervisors	Health care professionals – networks need to be formed between professionals throughout the health care field
Healthcare professional organizations and healthcare facilities	State and national professional organizations – these organizations must recognize that the growth of allied health professions depends on regional and national partnerships
Recruiters, instructors, students in military medical programs, supervisors, and program instructors, others	Military – it is important to ensure that military and state training standards are equivalent
Vocational colleges, career colleges, technical colleges, four year institutions, state colleges, community colleges	Institutions of higher education – these schools are central to the partnership as they currently offer medical assisting programs throughout the state
Washington State Department of Health, Washington State Workforce Training and Education Coordinating Board, Health Care Personnel Shortage Task Force, Washington Student Achievement Council, Washington State Legislature, others	Public and government organizations – publicly funded organizations must use available resources to foster the growth of allied health professions
Public-private models, such as the Service Employees International Union Education and Training Fund and Training Partnership	Labor/management partnerships could possibly create training programs and provide financial assistance for people interested in entering the allied health care workforce

Delivery of Education and Training

Efficient delivery of medical assistant training and education programs promotes student and employee success and growth. Schools currently offer instruction through module courses, traditional courses, web-enhanced courses, distance learning, laboratory and clinical-based classes, and exam preparation classes. Participants at the career ladder workshops believe these systems of delivery could be enhanced through:

- Strong syllabi that clearly detail course expectations.
- Accurate and consistent course descriptions.

- Hybrid subject delivery (i.e., a combination of module, clinical, and traditional teaching methods).
- The inclusion of a career ladder component into MA education programs.
- Courses could be offered that present practical career paths for entry-level health care professionals to higher paying positions.
- Statewide agreements for granting credit for prior learning, whether based on credit transfer or on-the-job training.
- Rural Outreach Nursing Education (RONE) project of Lower Columbia College. The RONE project provides Web-based nursing education to areas of the state that have limited access. Clinical experience is offered through rural hospitals, clinics and other outpatient facilities as part of a two-year associate degree RN program.
- Washington State Department of Labor and Industries (L&I) Apprenticeship Services. These registered health care apprenticeships offer a combination of on-the-job training and related classroom instruction under the supervision of a professional. Programs currently available include dispensing optician, physical therapist aide, and physical therapist assistant.

Stakeholders representing two specialty practices (optometry and podiatry) communicated the need for a means to hire and train personnel in the office. It was argued that people whose clinical tasks are limited to minor, non-invasive procedures do not need formal education and credentialing to safely perform those tasks. A lack of value for time of practice was identified.

Representatives from specialty practices would like the legislature to consider a means for formal recognition of in-office training programs.

Other Concerns

Stakeholders at the workshops held in Tumwater on July 11 and August 7, 2012 identified the following concerns.

- It is unclear whether a medical assistant credential is required for delegating certain tasks not included in ESSB 6237:
 - The bill required the Medical Quality Assurance Commission, Nursing Care Quality Assurance Commission, Podiatric Medical Board, Board of Osteopathy, Board of Naturopathy, and Board of Optometry to identify specialty assistive personnel and the tasks that they perform. These boards and commissions, as well as some specialty practitioners, noted that assistive personnel are currently delegated some tasks that are not included in the scope of a medical assistant under ESSB 6237. They felt the bill is unclear on whether a medical assistant credential would be required to perform those tasks.
- Confusion over the use of the term “registration:”
 - There is a “registered medical assistant” designation issued nationally by American Medical Technologists. This designation is granted to individuals who have completed an accredited educational program and passed an approved examination. The medical assistant-registered credential issued by the department

beginning July 1, 2013 will not require graduation from a medical assistant program or passage of an examination. The qualifications for these two distinct credentials differ, yet they are both referred to as registrations.

Other States

Below are examples of what some other states are doing to foster and promote career paths for medical assistants and other allied health professionals.

Washington and 43 other states have state chapters of the American Association of Medical Assistants (AAMA). Members of these organizations work to provide state and local programs with ways to strengthen work skills and to advance the knowledge of medical assisting through continuing education. These organizations also work with the AAMA to market the medical assistant profession at career fairs, physician and medical office management expositions, and AAMA recognition events.

Michigan and Indiana – Adopted Commission on Accreditation of Allied Health Education Programs standards for medical assistants. This approach:

- Allows for deferral to a national standard,
- Allows for easier interstate transfer of the credential, and
- Removes ambiguity.

Ohio – The Ohio Board of Regents created an Articulation and Transfer Advisory Council to serve as an authority for articulation and transfer policy process and review. The council provides guidance and oversight for The Ohio Transfer Module and Transfer Assurance Guides—including a medical assisting career technical assurance guide. These programs have helped create transfer options between 14 universities, 24 regional campuses and 23 community colleges by facilitating precise advising and assuring credit transfer and the application of credits to academic degree requirements.

Florida – Uses a statewide course numbering system developed in the 1960s to streamline the state's articulation system. It provides a database of post-secondary courses at public vocational-technical centers, community colleges, universities, and participating non-public institutions, including career colleges. The assigned numbers describe course content to improve research, assist program planning, and facilitate student transfer between institutions of higher education.

Texas – The Texas Workforce Commission (TWC) licenses and regulates private career schools and colleges within the state. The TWC requires these institutions to keep a record of student's previous education and training (Appendix B). This form serves as a record by which previous education and training is evaluated, credit is assigned to students, and program lengths and costs are reduced.

Recommendations

Based on consultation with stakeholders, including health care practitioner professional organizations, organizations representing health care workers, community colleges, career and technical colleges, the department recommends the following to foster the development and growth of career ladders for medical assistants in Washington:

1. Colleges and technical schools should develop standardized credit for prior learning including classroom education and on-the-job training.
2. Lawmakers, agencies, schools, and professional associations need to identify and address barriers to training and career advancement.
3. Community, career and technical colleges, and employers need to continue to share information and market their education programs and job opportunities.
4. Educational institutions, health care providers and organizations representing health professions should form broad-based and inclusive partnerships and develop effective systems for the delivery of education and training throughout the state.
5. Washington should review successful programs and policies from other states as potential models to form a career path for medical assistants and other health care professions.
6. The Department of Health should work with L&I to promote health profession apprenticeship programs such as those available through L&I for dispensing opticians, physical therapist aides and physical therapist assistants.
7. Educational institutions, health care facilities, providers, and professional organizations should work together to expand clinical experience programs to enhance classroom training, similar to the Rural Outreach Nursing Education (RONE) project at Lower Columbia College.

Appendix A

Engrossed Substitute Senate Bill 6237

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE SENATE BILL 6237

Chapter 153, Laws of 2012

62nd Legislature
2012 Regular Session

MEDICAL ASSISTANTS

EFFECTIVE DATE: 06/07/12 - Except sections 1 through 12, 14, 16, and 18, which become effective 07/01/13; and sections 15 and 17, which become effective 07/01/16.

Passed by the Senate March 5, 2012
YEAS 43 NAYS 5

CERTIFICATE

BRAD OWEN

—
President of the Senate

Passed by the House February 29, 2012
YEAS 97 NAYS 1

FRANK CHOPP

—
Speaker of the House of Representatives

I, Thomas Hoemann, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE SENATE BILL 6237** as passed by the Senate and the House of Representatives on the dates hereon set forth.

THOMAS HOEMANN

—
Secretary

Approved March 29, 2012, 3:40 p.m.

FILED
March 29, 2012

CHRISTINE GREGOIRE

—
Governor of the State of Washington

**Secretary of State
State of Washington**

ENGROSSED SUBSTITUTE SENATE BILL 6237

AS AMENDED BY THE HOUSE

Passed Legislature - 2012 Regular Session

State of Washington

62nd Legislature

2012 Regular Session

By Senate Health & Long-Term Care (originally sponsored by Senators Keiser, Conway, Kline, Frockt, and Becker)

READ FIRST TIME 01/26/12.

AN ACT Relating to creating a career pathway for medical assistants; amending RCW 18.79.340, 18.120.020, 18.120.020, 18.130.040, 18.130.040, and 18.135.055; adding a new chapter to Title 18 RCW; creating a new section; repealing RCW 18.135.010, 18.135.020, 18.135.025, 18.135.030, 18.135.035, 18.135.040, 18.135.050, 18.135.055, 18.135.060, 18.135.062, 18.135.065, 18.135.070, 18.135.090, 18.135.100, 18.135.110, and 18.135.120; and providing effective dates.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. Sec. 1 The legislature finds that medical assistants are health professionals specifically trained to work in settings such as physicians' offices, clinics, group practices, and other health care facilities. These multiskilled personnel are trained to perform administrative and clinical procedures under the supervision of health care providers. Physicians value this unique versatility more and more because of the skills of medical assistants and their ability to contain costs and manage human resources efficiently. The demand for medical assistants is expanding rapidly. The efficient and effective delivery of health care in Washington will be improved by recognizing the valuable contributions of medical assistants, and providing statutory support for medical assistants in Washington state. The legislature further finds that rural and small medical practices and clinics may have limited access to formally trained medical assistants. The legislature further intends that the secretary of health develop recommendations for a career ladder that includes medical assistants.

NEW SECTION. Sec. 2 The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Delegation" means direct authorization granted by a licensed health care practitioner to a medical assistant to perform the functions authorized in this chapter which fall within the scope of practice of the health care provider and the training and experience of the medical assistant.

- (2) "Department" means the department of health.
- (3) "Health care practitioner" means:
- (a) A physician licensed under chapter 18.71 RCW;
 - (b) An osteopathic physician and surgeon licensed under chapter 18.57 RCW; or
 - (c) Acting within the scope of their respective licensure, a podiatric physician and surgeon licensed under chapter 18.22 RCW, a registered nurse or advanced registered nurse practitioner licensed under chapter 18.79 RCW, a naturopath licensed under chapter 18.36A RCW, a physician assistant licensed under chapter 18.71A RCW, an osteopathic physician assistant licensed under chapter 18.57A RCW, or an optometrist licensed under chapter 18.53 RCW.
- (4) "Medical assistant-certified" means a person certified under section 5 of this act who assists a health care practitioner with patient care, executes administrative and clinical procedures, and performs functions as provided in section 6 of this act under the supervision of the health care practitioner.
- (5) "Medical assistant-hemodialysis technician" means a person certified under section 5 of this act who performs hemodialysis and other functions pursuant to section 6 of this act under the supervision of a health care practitioner.
- (6) "Medical assistant-phlebotomist" means a person certified under section 5 of this act who performs capillary, venous, and arterial invasive procedures for blood withdrawal and other functions pursuant to section 6 of this act under the supervision of a health care practitioner.
- (7) "Medical assistant-registered" means a person registered under section 5 of this act who, pursuant to an endorsement by a health care practitioner, clinic, or group practice, assists a health care practitioner with patient care, executes administrative and clinical procedures, and performs functions as provided in section 6 of this act under the supervision of the health care practitioner.
- (8) "Secretary" means the secretary of the department of health.
- (9) "Supervision" means supervision of procedures permitted pursuant to this chapter by a health care practitioner who is physically present and is immediately available in the facility. The health care practitioner does not need to be present during procedures to withdraw blood, but must be immediately available.

NEW SECTION. Sec. 3 (1) No person may practice as a medical assistant-certified, medical assistant-hemodialysis technician, or medical assistant-phlebotomist unless he or she is certified under section 5 of this act.

(2) No person may practice as a medical assistant-registered unless he or she is registered under section 5 of this act.

NEW SECTION. Sec. 4 (1) The secretary shall adopt rules specifying the minimum qualifications for a medical assistant-certified, medical assistant-hemodialysis technician, and medical assistant-phlebotomist. The qualifications for a medical assistant-hemodialysis technician must be equivalent to the qualifications for hemodialysis technicians regulated pursuant to chapter 18.135 RCW as of January 1, 2012.

(2) The secretary shall adopt rules that establish the minimum requirements necessary for a health care practitioner, clinic, or group practice to endorse a medical assistant as qualified to perform the duties authorized by this chapter and be able to file an attestation of that endorsement with the department.

(3) The medical quality assurance commission, the board of osteopathic medicine and surgery, the podiatric medical board, the nursing care quality assurance commission, the board of

naturopathy, and the optometry board shall each review and identify other specialty assistive personnel not included in this chapter and the tasks they perform. The department of health shall compile the information from each disciplining authority listed in this subsection and submit the compiled information to the legislature no later than December 15, 2012.

NEW SECTION. Sec. 5 (1)(a) The secretary shall issue a certification as a medical assistant-certified to any person who has satisfactorily completed a medical assistant training program approved by the secretary, passed an examination approved by the secretary, and met any additional qualifications established under section 4 of this act.

(b) The secretary shall issue an interim certification to any person who has met all of the qualifications in (a) of this subsection, except for the passage of the examination. A person holding an interim permit possesses the full scope of practice of a medical assistant-certified. The interim permit expires upon passage of the examination or after one year, whichever occurs first, and may not be renewed.

(2) The secretary shall issue a certification as a medical assistant-hemodialysis technician to any person who meets the qualifications for a medical assistant-hemodialysis technician established under section 4 of this act.

(3) The secretary shall issue a certification as a medical assistant-phlebotomist to any person who meets the qualifications for a medical assistant-phlebotomist established under section 4 of this act.

(4)(a) The secretary shall issue a registration as a medical assistant-registered to any person who has a current endorsement from a health care practitioner, clinic, or group practice.

(b) In order to be endorsed under this subsection (4), a person must:

(i) Be endorsed by a health care practitioner, clinic, or group practice that meets the qualifications established under section 4 of this act; and

(ii) Have a current attestation of his or her endorsement to perform specific medical tasks signed by a supervising health care practitioner filed with the department. A medical assistant-registered may only perform the medical tasks listed in his or her current attestation of endorsement.

(c) A registration based on an endorsement by a health care practitioner, clinic, or group practice is not transferrable to another health care practitioner, clinic, or group practice.

(5) A certification issued under subsections (1) through (3) of this section is transferrable between different practice settings.

NEW SECTION. Sec. 6 (1) A medical assistant-certified may perform the following duties delegated by, and under the supervision of, a health care practitioner:

(a) Fundamental procedures:

(i) Wrapping items for autoclaving;

(ii) Procedures for sterilizing equipment and instruments;

(iii) Disposing of biohazardous materials; and

(iv) Practicing standard precautions.

(b) Clinical procedures:

(i) Performing aseptic procedures in a setting other than a hospital licensed under chapter 70.41 RCW;

(ii) Preparing of and assisting in sterile procedures in a setting other than a hospital under chapter 70.41 RCW;

- (iii) Taking vital signs;
 - (iv) Preparing patients for examination;
 - (v) Capillary blood withdrawal, venipuncture, and intradermal, subcutaneous, and intramuscular injections; and
 - (vi) Observing and reporting patients' signs or symptoms.
 - (c) Specimen collection:
 - (i) Capillary puncture and venipuncture;
 - (ii) Obtaining specimens for microbiological testing; and
 - (iii) Instructing patients in proper technique to collect urine and fecal specimens.
 - (d) Diagnostic testing:
 - (i) Electrocardiography;
 - (ii) Respiratory testing; and
 - (iii) Tests waived under the federal clinical laboratory improvement amendments program on the effective date of this section. The department shall periodically update the tests authorized under this subsection (1)(d) based on changes made by the federal clinical laboratory improvement amendments program.
 - (e) Patient care:
 - (i) Telephone and in-person screening limited to intake and gathering of information without requiring the exercise of judgment based on clinical knowledge;
 - (ii) Obtaining vital signs;
 - (iii) Obtaining and recording patient history;
 - (iv) Preparing and maintaining examination and treatment areas;
 - (v) Preparing patients for, and assisting with, routine and specialty examinations, procedures, treatments, and minor office surgeries;
 - (vi) Maintaining medication and immunization records; and
 - (vii) Screening and following up on test results as directed by a health care practitioner.
 - (f)(i) Administering medications. A medical assistant-certified may only administer medications if the drugs are:
 - (A) Administered only by unit or single dosage, or by a dosage calculated and verified by a health care practitioner. For purposes of this section, a combination vaccine shall be considered a unit dose;
 - (B) Limited to legend drugs, vaccines, and Schedule III-V controlled substances as authorized by a health care practitioner under the scope of his or her license and consistent with rules adopted by the secretary under (f)(ii) of this subsection; and
 - (C) Administered pursuant to a written order from a health care practitioner.
 - (ii) The secretary may, by rule, limit the drugs that may be administered under this subsection. The rules adopted under this subsection must limit the drugs based on risk, class, or route.
 - (g) Intravenous injections. A medical assistant-certified may administer intravenous injections for diagnostic or therapeutic agents if he or she meets minimum standards established by the secretary in rule. The minimum standards must be substantially similar to the qualifications for category D and F health care assistants as they exist on the effective date of this section.
- (2) A medical assistant-hemodialysis technician may perform hemodialysis when delegated and supervised by a health care practitioner. A medical assistant-hemodialysis technician may also administer drugs and oxygen to a patient when delegated and supervised by a health care practitioner and pursuant to rules adopted by the secretary.

(3) A medical assistant-phlebotomist may perform capillary, venous, or arterial invasive procedures for blood withdrawal when delegated and supervised by a health care practitioner and pursuant to rules adopted by the secretary.

(4) A medical assistant-registered may perform the following duties delegated by, and under the supervision of, a health care practitioner:

(a) Fundamental procedures:

(i) Wrapping items for autoclaving;

(ii) Procedures for sterilizing equipment and instruments;

(iii) Disposing of biohazardous materials; and

(iv) Practicing standard precautions.

(b) Clinical procedures:

(i) Preparing for sterile procedures;

(ii) Taking vital signs;

(iii) Preparing patients for examination; and

(iv) Observing and reporting patients' signs or symptoms.

(c) Specimen collection:

(i) Obtaining specimens for microbiological testing; and

(ii) Instructing patients in proper technique to collect urine and fecal specimens.

(d) Patient care:

(i) Telephone and in-person screening limited to intake and gathering of information without requiring the exercise of judgment based on clinical knowledge;

(ii) Obtaining vital signs;

(iii) Obtaining and recording patient history;

(iv) Preparing and maintaining examination and treatment areas;

(v) Maintaining medication and immunization records; and

(vi) Screening and following up on test results as directed by a health care practitioner.

(e) Tests waived under the federal clinical laboratory improvement amendments program on the effective date of this section. The department shall periodically update the tests authorized under subsection (1)(d) of this section based on changes made by the federal clinical laboratory improvement amendments program.

(f) Administering vaccines, including combination vaccines.

NEW SECTION. Sec. 7 (1) Prior to delegation of any of the functions in section 6 of this act, a health care practitioner shall determine to the best of his or her ability each of the following:

(a) That the task is within that health care practitioner's scope of licensure or authority;

(b) That the task is indicated for the patient;

(c) The appropriate level of supervision;

(d) That no law prohibits the delegation;

(e) That the person to whom the task will be delegated is competent to perform that task; and

(f) That the task itself is one that should be appropriately delegated when considering the

following factors:

(i) That the task can be performed without requiring the exercise of judgment based on clinical knowledge;

(ii) That results of the task are reasonably predictable;

(iii) That the task can be performed without a need for complex observations or critical decisions;

(iv) That the task can be performed without repeated clinical assessments; and
(v) That the task, if performed improperly, would not present life-threatening consequences or the danger of immediate and serious harm to the patient.

(2) Nothing in this section prohibits the use of protocols that do not involve clinical judgment and do not involve the administration of medications, other than vaccines.

NEW SECTION. Sec. 8 (1) In addition to any other authority provided by law, the secretary may:

- (a) Adopt rules, in accordance with chapter 34.05 RCW, necessary to implement this chapter;
 - (b) Establish forms and procedures necessary to administer this chapter;
 - (c) Establish administrative procedures, administrative requirements, and fees in accordance with RCW 43.70.250 and 43.70.280. Until July 1, 2016, for purposes of setting fees under this section, the secretary shall consider persons registered or certified under this chapter and health care assistants, certified under chapter 18.135 RCW, as one profession;
 - (d) Hire clerical, administrative, and investigative staff as needed to implement and administer this chapter;
 - (e) Maintain the official department of health record of all applicants and credential holders; and
 - (f) Establish requirements and procedures for an inactive registration or certification.
- (2) The uniform disciplinary act, chapter 18.130 RCW, governs unlicensed practice, the issuance and denial of a registration or certification, and the discipline of persons registered or certified under this chapter.

NEW SECTION. Sec. 9 (1) The department may not issue new certifications for category C, D, E, or F health care assistants on or after the effective date of this section. The department shall certify a category C, D, E, or F health care assistant who was certified prior to the effective date of this section as a medical assistant-certified when he or she renews his or her certification.

(2) The department may not issue new certifications for category G health care assistants on or after the effective date of this section. The department shall certify a category G health care assistant who was certified prior to the effective date of this section as a medical assistant-hemodialysis technician when he or she renews his or her certification.

(3) The department may not issue new certifications for category A or B health care assistants on or after the effective date of this section. The department shall certify a category A or B health care assistant who was certified prior to the effective date of this section as a medical assistant-phlebotomist when he or she renews his or her certification.

NEW SECTION. Sec. 10 Nothing in this chapter prohibits or affects:

- (1) A person licensed under this title performing services within his or her scope of practice;
- (2) A person performing functions in the discharge of official duties on behalf of the United States government including, but not limited to, the armed forces, coast guard, public health service, veterans' bureau, or bureau of Indian affairs;
- (3) A person trained by a federally approved end-stage renal disease facility who performs end-stage renal dialysis in the home setting;
- (4) A person registered or certified under this chapter from performing blood-drawing procedures in the residences of research study participants when the procedures have been authorized by the institutional review board of a comprehensive cancer center or nonprofit

degree-granting institution of higher education and are conducted under the general supervision of a physician; or

(5) A person participating in an externship as part of an approved medical assistant training program under the direct supervision of an on-site health care provider.

NEW SECTION. Sec. 11 Within existing resources, the secretary shall develop recommendations regarding a career path plan for medical assistants. The secretary shall consult with stakeholders, including, but not limited to, health care practitioner professional organizations, organizations representing health care workers, community colleges, career colleges, and technical colleges. The recommendations must include methods for including credit for prior learning. The purpose of the plan is to evaluate and map career paths for medical assistants and entry-level health care workers to transition by means of a career ladder into medical assistants or other health care professions. The recommendations must identify barriers to career advancement and career ladder training initiatives. The department shall report its recommendations to the legislature no later than December 15, 2012.

NEW SECTION. Sec. 12 An applicant with military training or experience satisfies the training or experience requirements of this chapter unless the secretary determines that the military training or experience is not substantially equivalent to the standards of this state.

Sec. 13 RCW 18.79.340 and 2003 c 258 s 2 are each amended to read as follows:

(1) "Nursing technician" means a nursing student employed in a hospital licensed under chapter 70.41 RCW, a clinic, or a nursing home licensed under chapter 18.51 RCW, who:

(a) Is currently enrolled in good standing in a nursing program approved by the commission and has not graduated; or

(b) Is a graduate of a nursing program approved by the commission who graduated:

(i) Within the past thirty days; or

(ii) Within the past sixty days and has received a determination from the secretary that there is good cause to continue the registration period, as defined by the secretary in rule.

(2) No person may practice or represent oneself as a nursing technician by use of any title or description of services without being registered under this chapter, unless otherwise exempted by this chapter.

(3) The commission may adopt rules to implement chapter 258, Laws of 2003.

Sec. 14 RCW 18.120.020 and 2010 c 286 s 14 are each amended to read as follows:

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Applicant group" includes any health professional group or organization, any individual, or any other interested party which proposes that any health professional group not presently regulated be regulated or which proposes to substantially increase the scope of practice of the profession.

(2) "Certificate" and "certification" mean a voluntary process by which a statutory regulatory entity grants recognition to an individual who (a) has met certain prerequisite qualifications specified by that regulatory entity, and (b) may assume or use "certified" in the title or designation to perform prescribed health professional tasks.

(3) "Grandfather clause" means a provision in a regulatory statute applicable to practitioners

actively engaged in the regulated health profession prior to the effective date of the regulatory statute which exempts the practitioners from meeting the prerequisite qualifications set forth in the regulatory statute to perform prescribed occupational tasks.

(4) "Health professions" means and includes the following health and health-related licensed or regulated professions and occupations: Podiatric medicine and surgery under chapter 18.22 RCW; chiropractic under chapter 18.25 RCW; dental hygiene under chapter 18.29 RCW; dentistry under chapter 18.32 RCW; denturism under chapter 18.30 RCW; dispensing opticians under chapter 18.34 RCW; hearing instruments under chapter 18.35 RCW; naturopaths under chapter 18.36A RCW; embalming and funeral directing under chapter 18.39 RCW; midwifery under chapter 18.50 RCW; nursing home administration under chapter 18.52 RCW; optometry under chapters 18.53 and 18.54 RCW; ocularists under chapter 18.55 RCW; osteopathic medicine and surgery under chapters 18.57 and 18.57A RCW; pharmacy under chapters 18.64 and 18.64A RCW; medicine under chapters 18.71 and 18.71A RCW; emergency medicine under chapter 18.73 RCW; physical therapy under chapter 18.74 RCW; practical nurses under chapter 18.79 RCW; psychologists under chapter 18.83 RCW; registered nurses under chapter 18.79 RCW; occupational therapists licensed under chapter 18.59 RCW; respiratory care practitioners licensed under chapter 18.89 RCW; veterinarians and veterinary technicians under chapter 18.92 RCW; health care assistants under chapter 18.135 RCW; massage practitioners under chapter 18.108 RCW; East Asian medicine practitioners licensed under chapter 18.06 RCW; persons registered under chapter 18.19 RCW; persons licensed as mental health counselors, marriage and family therapists, and social workers under chapter 18.225 RCW; dietitians and nutritionists certified by chapter 18.138 RCW; radiologic technicians under chapter 18.84 RCW; ~~((and))~~ nursing assistants registered or certified under chapter 18.88A RCW; and medical assistants-certified, medical assistants-hemodialysis technician, medical assistants-phlebotomist, and medical assistants-registered certified and registered under chapter 18.--- RCW (the new chapter created in section 19 of this act).

(5) "Inspection" means the periodic examination of practitioners by a state agency in order to ascertain whether the practitioners' occupation is being carried out in a fashion consistent with the public health, safety, and welfare.

(6) "Legislative committees of reference" means the standing legislative committees designated by the respective rules committees of the senate and house of representatives to consider proposed legislation to regulate health professions not previously regulated.

(7) "License," "licensing," and "licensure" mean permission to engage in a health profession which would otherwise be unlawful in the state in the absence of the permission. A license is granted to those individuals who meet prerequisite qualifications to perform prescribed health professional tasks and for the use of a particular title.

(8) "Professional license" means an individual, nontransferable authorization to carry on a health activity based on qualifications which include: (a) Graduation from an accredited or approved program, and (b) acceptable performance on a qualifying examination or series of examinations.

(9) "Practitioner" means an individual who (a) has achieved knowledge and skill by practice, and (b) is actively engaged in a specified health profession.

(10) "Public member" means an individual who is not, and never was, a member of the health profession being regulated or the spouse of a member, or an individual who does not have and never has had a material financial interest in either the rendering of the health professional service being regulated or an activity directly related to the profession being regulated.

(11) "Registration" means the formal notification which, prior to rendering services, a practitioner shall submit to a state agency setting forth the name and address of the practitioner; the location, nature and operation of the health activity to be practiced; and, if required by the regulatory entity, a description of the service to be provided.

(12) "Regulatory entity" means any board, commission, agency, division, or other unit or subunit of state government which regulates one or more professions, occupations, industries, businesses, or other endeavors in this state.

(13) "State agency" includes every state office, department, board, commission, regulatory entity, and agency of the state, and, where provided by law, programs and activities involving less than the full responsibility of a state agency.

Sec. 15 RCW 18.120.020 and 2012 c ... s 14 (section 14 of this act) are each amended to read as follows:

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Applicant group" includes any health professional group or organization, any individual, or any other interested party which proposes that any health professional group not presently regulated be regulated or which proposes to substantially increase the scope of practice of the profession.

(2) "Certificate" and "certification" mean a voluntary process by which a statutory regulatory entity grants recognition to an individual who (a) has met certain prerequisite qualifications specified by that regulatory entity, and (b) may assume or use "certified" in the title or designation to perform prescribed health professional tasks.

(3) "Grandfather clause" means a provision in a regulatory statute applicable to practitioners actively engaged in the regulated health profession prior to the effective date of the regulatory statute which exempts the practitioners from meeting the prerequisite qualifications set forth in the regulatory statute to perform prescribed occupational tasks.

(4) "Health professions" means and includes the following health and health-related licensed or regulated professions and occupations: Podiatric medicine and surgery under chapter 18.22 RCW; chiropractic under chapter 18.25 RCW; dental hygiene under chapter 18.29 RCW; dentistry under chapter 18.32 RCW; denturism under chapter 18.30 RCW; dispensing opticians under chapter 18.34 RCW; hearing instruments under chapter 18.35 RCW; naturopaths under chapter 18.36A RCW; embalming and funeral directing under chapter 18.39 RCW; midwifery under chapter 18.50 RCW; nursing home administration under chapter 18.52 RCW; optometry under chapters 18.53 and 18.54 RCW; ocularists under chapter 18.55 RCW; osteopathic medicine and surgery under chapters 18.57 and 18.57A RCW; pharmacy under chapters 18.64 and 18.64A RCW; medicine under chapters 18.71 and 18.71A RCW; emergency medicine under chapter 18.73 RCW; physical therapy under chapter 18.74 RCW; practical nurses under chapter 18.79 RCW; psychologists under chapter 18.83 RCW; registered nurses under chapter 18.79 RCW; occupational therapists licensed under chapter 18.59 RCW; respiratory care practitioners licensed under chapter 18.89 RCW; veterinarians and veterinary technicians under chapter 18.92 RCW; (~~health care assistants under chapter 18.135 RCW;~~) massage practitioners under chapter 18.108 RCW; East Asian medicine practitioners licensed under chapter 18.06 RCW; persons registered under chapter 18.19 RCW; persons licensed as mental health counselors, marriage and family therapists, and social workers under chapter 18.225 RCW; dietitians and nutritionists certified by chapter 18.138 RCW; radiologic technicians under chapter 18.84 RCW; nursing

assistants registered or certified under chapter 18.88A RCW; and medical assistants-certified, medical assistants-hemodialysis technician, medical assistants-phlebotomist, and medical assistants-registered certified and registered under chapter 18.--- RCW (the new chapter created in section 19 of this act).

(5) "Inspection" means the periodic examination of practitioners by a state agency in order to ascertain whether the practitioners' occupation is being carried out in a fashion consistent with the public health, safety, and welfare.

(6) "Legislative committees of reference" means the standing legislative committees designated by the respective rules committees of the senate and house of representatives to consider proposed legislation to regulate health professions not previously regulated.

(7) "License," "licensing," and "licensure" mean permission to engage in a health profession which would otherwise be unlawful in the state in the absence of the permission. A license is granted to those individuals who meet prerequisite qualifications to perform prescribed health professional tasks and for the use of a particular title.

(8) "Professional license" means an individual, nontransferable authorization to carry on a health activity based on qualifications which include: (a) Graduation from an accredited or approved program, and (b) acceptable performance on a qualifying examination or series of examinations.

(9) "Practitioner" means an individual who (a) has achieved knowledge and skill by practice, and (b) is actively engaged in a specified health profession.

(10) "Public member" means an individual who is not, and never was, a member of the health profession being regulated or the spouse of a member, or an individual who does not have and never has had a material financial interest in either the rendering of the health professional service being regulated or an activity directly related to the profession being regulated.

(11) "Registration" means the formal notification which, prior to rendering services, a practitioner shall submit to a state agency setting forth the name and address of the practitioner; the location, nature and operation of the health activity to be practiced; and, if required by the regulatory entity, a description of the service to be provided.

(12) "Regulatory entity" means any board, commission, agency, division, or other unit or subunit of state government which regulates one or more professions, occupations, industries, businesses, or other endeavors in this state.

(13) "State agency" includes every state office, department, board, commission, regulatory entity, and agency of the state, and, where provided by law, programs and activities involving less than the full responsibility of a state agency.

Sec. 16 RCW 18.130.040 and 2011 c 41 s 11 are each amended to read as follows:

(1) This chapter applies only to the secretary and the boards and commissions having jurisdiction in relation to the professions licensed under the chapters specified in this section. This chapter does not apply to any business or profession not licensed under the chapters specified in this section.

(2)(a) The secretary has authority under this chapter in relation to the following professions:

- (i) Dispensing opticians licensed and designated apprentices under chapter 18.34 RCW;
- (ii) Midwives licensed under chapter 18.50 RCW;
- (iii) Ocularists licensed under chapter 18.55 RCW;
- (iv) Massage operators and businesses licensed under chapter 18.108 RCW;
- (v) Dental hygienists licensed under chapter 18.29 RCW;

- (vi) East Asian medicine practitioners licensed under chapter 18.06 RCW;
 - (vii) Radiologic technologists certified and X-ray technicians registered under chapter 18.84 RCW;
 - (viii) Respiratory care practitioners licensed under chapter 18.89 RCW;
 - (ix) Hypnotherapists and agency affiliated counselors registered and advisors and counselors certified under chapter 18.19 RCW;
 - (x) Persons licensed as mental health counselors, mental health counselor associates, marriage and family therapists, marriage and family therapist associates, social workers, social work associates -- advanced, and social work associates -- independent clinical under chapter 18.225 RCW;
 - (xi) Persons registered as nursing pool operators under chapter 18.52C RCW;
 - (xii) Nursing assistants registered or certified under chapter 18.88A RCW;
 - (xiii) Health care assistants certified under chapter 18.135 RCW;
 - (xiv) Dietitians and nutritionists certified under chapter 18.138 RCW;
 - (xv) Chemical dependency professionals and chemical dependency professional trainees certified under chapter 18.205 RCW;
 - (xvi) Sex offender treatment providers and certified affiliate sex offender treatment providers certified under chapter 18.155 RCW;
 - (xvii) Persons licensed and certified under chapter 18.73 RCW or RCW 18.71.205;
 - (xviii) Denturists licensed under chapter 18.30 RCW;
 - (xix) Orthotists and prosthetists licensed under chapter 18.200 RCW;
 - (xx) Surgical technologists registered under chapter 18.215 RCW;
 - (xxi) Recreational therapists (~~(under chapter 18.230 RCW)~~) under chapter 18.230 RCW;
 - (xxii) Animal massage practitioners certified under chapter 18.240 RCW;
 - (xxiii) Athletic trainers licensed under chapter 18.250 RCW;
 - (xxiv) Home care aides certified under chapter 18.88B RCW; (~~and~~)
 - (xxv) Genetic counselors licensed under chapter 18.290 RCW; and
 - (xxvi) Medical assistants-certified, medical assistants-hemodialysis technician, medical assistants-phlebotomist, and medical assistants-registered certified and registered under chapter 18.--- RCW (the new chapter created in section 19 of this act).
- (b) The boards and commissions having authority under this chapter are as follows:
- (i) The podiatric medical board as established in chapter 18.22 RCW;
 - (ii) The chiropractic quality assurance commission as established in chapter 18.25 RCW;
 - (iii) The dental quality assurance commission as established in chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW and licenses and registrations issued under chapter 18.260 RCW;
 - (iv) The board of hearing and speech as established in chapter 18.35 RCW;
 - (v) The board of examiners for nursing home administrators as established in chapter 18.52 RCW;
 - (vi) The optometry board as established in chapter 18.54 RCW governing licenses issued under chapter 18.53 RCW;
 - (vii) The board of osteopathic medicine and surgery as established in chapter 18.57 RCW governing licenses issued under chapters 18.57 and 18.57A RCW;
 - (viii) The board of pharmacy as established in chapter 18.64 RCW governing licenses issued under chapters 18.64 and 18.64A RCW;
 - (ix) The medical quality assurance commission as established in chapter 18.71 RCW

governing licenses and registrations issued under chapters 18.71 and 18.71A RCW;

- (x) The board of physical therapy as established in chapter 18.74 RCW;
- (xi) The board of occupational therapy practice as established in chapter 18.59 RCW;
- (xii) The nursing care quality assurance commission as established in chapter 18.79 RCW governing licenses and registrations issued under that chapter;
- (xiii) The examining board of psychology and its disciplinary committee as established in chapter 18.83 RCW;
- (xiv) The veterinary board of governors as established in chapter 18.92 RCW; and
- (xv) The board of naturopathy established in chapter 18.36A RCW.

(3) In addition to the authority to discipline license holders, the disciplining authority has the authority to grant or deny licenses. The disciplining authority may also grant a license subject to conditions.

(4) All disciplining authorities shall adopt procedures to ensure substantially consistent application of this chapter, the Uniform Disciplinary Act, among the disciplining authorities listed in subsection (2) of this section.

Sec. 17 RCW 18.130.040 and 2012 c ... s 16 (section 16 of this act) are each amended to read as follows:

(1) This chapter applies only to the secretary and the boards and commissions having jurisdiction in relation to the professions licensed under the chapters specified in this section. This chapter does not apply to any business or profession not licensed under the chapters specified in this section.

(2)(a) The secretary has authority under this chapter in relation to the following professions:

- (i) Dispensing opticians licensed and designated apprentices under chapter 18.34 RCW;
- (ii) Midwives licensed under chapter 18.50 RCW;
- (iii) Ocularists licensed under chapter 18.55 RCW;
- (iv) Massage operators and businesses licensed under chapter 18.108 RCW;
- (v) Dental hygienists licensed under chapter 18.29 RCW;
- (vi) East Asian medicine practitioners licensed under chapter 18.06 RCW;
- (vii) Radiologic technologists certified and X-ray technicians registered under chapter 18.84 RCW;
- (viii) Respiratory care practitioners licensed under chapter 18.89 RCW;
- (ix) Hypnotherapists and agency affiliated counselors registered and advisors and counselors certified under chapter 18.19 RCW;
- (x) Persons licensed as mental health counselors, mental health counselor associates, marriage and family therapists, marriage and family therapist associates, social workers, social work associates -- advanced, and social work associates -- independent clinical under chapter 18.225 RCW;
- (xi) Persons registered as nursing pool operators under chapter 18.52C RCW;
- (xii) Nursing assistants registered or certified under chapter 18.88A RCW;
- (xiii) ~~((Health care assistants certified under chapter 18.135 RCW;~~
- ~~—(xiv))~~ Dietitians and nutritionists certified under chapter 18.138 RCW;
- ~~((xv))~~ (xiv) Chemical dependency professionals and chemical dependency professional trainees certified under chapter 18.205 RCW;
- ~~((xvi))~~ (xv) Sex offender treatment providers and certified affiliate sex offender treatment providers certified under chapter 18.155 RCW;

~~((xvii))~~ (xvi) Persons licensed and certified under chapter 18.73 RCW or RCW 18.71.205;
~~((xviii))~~ (xvii) Denturists licensed under chapter 18.30 RCW;
~~((xix))~~ (xviii) Orthotists and prosthetists licensed under chapter 18.200 RCW;
~~((xx))~~ (xix) Surgical technologists registered under chapter 18.215 RCW;
~~((xxi))~~ (xx) Recreational therapists under chapter 18.230 RCW;
~~((xxii))~~ (xxi) Animal massage practitioners certified under chapter 18.240 RCW;
~~((xxiii))~~ (xxii) Athletic trainers licensed under chapter 18.250 RCW;
~~((xxiv))~~ (xxiii) Home care aides certified under chapter 18.88B RCW;
~~((xxv))~~ (xxiv) Genetic counselors licensed under chapter 18.290 RCW; and
~~((xxvi))~~ (xxv) Medical assistants-certified, medical assistants-hemodialysis technician, medical assistants-phlebotomist, and medical assistants-registered certified and registered under chapter 18.--- RCW (the new chapter created in section 19 of this act).

(b) The boards and commissions having authority under this chapter are as follows:

(i) The podiatric medical board as established in chapter 18.22 RCW;
(ii) The chiropractic quality assurance commission as established in chapter 18.25 RCW;
(iii) The dental quality assurance commission as established in chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW and licenses and registrations issued under chapter 18.260 RCW;

(iv) The board of hearing and speech as established in chapter 18.35 RCW;

(v) The board of examiners for nursing home administrators as established in chapter 18.52 RCW;

(vi) The optometry board as established in chapter 18.54 RCW governing licenses issued under chapter 18.53 RCW;

(vii) The board of osteopathic medicine and surgery as established in chapter 18.57 RCW governing licenses issued under chapters 18.57 and 18.57A RCW;

(viii) The board of pharmacy as established in chapter 18.64 RCW governing licenses issued under chapters 18.64 and 18.64A RCW;

(ix) The medical quality assurance commission as established in chapter 18.71 RCW governing licenses and registrations issued under chapters 18.71 and 18.71A RCW;

(x) The board of physical therapy as established in chapter 18.74 RCW;

(xi) The board of occupational therapy practice as established in chapter 18.59 RCW;

(xii) The nursing care quality assurance commission as established in chapter 18.79 RCW governing licenses and registrations issued under that chapter;

(xiii) The examining board of psychology and its disciplinary committee as established in chapter 18.83 RCW;

(xiv) The veterinary board of governors as established in chapter 18.92 RCW; and

(xv) The board of naturopathy established in chapter 18.36A RCW.

(3) In addition to the authority to discipline license holders, the disciplining authority has the authority to grant or deny licenses. The disciplining authority may also grant a license subject to conditions.

(4) All disciplining authorities shall adopt procedures to ensure substantially consistent application of this chapter, the Uniform Disciplinary Act, among the disciplining authorities listed in subsection (2) of this section.

Sec. 18 RCW 18.135.055 and 1996 c 191 s 83 are each amended to read as follows:

The health care facility or health care practitioner registering an initial or continuing

certification pursuant to the provisions of this chapter shall comply with administrative procedures, administrative requirements, and fees determined by the secretary as provided in RCW 43.70.250 and 43.70.280. For the purposes of setting fees under this section, the secretary shall consider health care assistants and persons registered and certified under chapter 18.---RCW (the new chapter created in section 19 of this act) as one profession.

All fees collected under this section shall be credited to the health professions account as required in RCW 43.70.320.

NEW SECTION. Sec. 19 Sections 1 through 12 of this act constitute a new chapter in Title 18 RCW.

NEW SECTION. Sec. 20 The following acts or parts of acts, as now existing or hereafter amended, are each repealed, effective July 1, 2016:

- (1) RCW 18.135.010 (Practices authorized) and 2009 c 43 s 2, 2008 c 58 s 1, & 1984 c 281 s 1;
- (2) RCW 18.135.020 (Definitions) and 2009 c 43 s 4, 2008 c 58 s 2, 2001 c 22 s 2, & 1997 c 133 s 1;
- (3) RCW 18.135.025 (Rules -- Legislative intent) and 1986 c 216 s 1;
- (4) RCW 18.135.030 (Health care assistant profession -- Duties -- Requirements for certification -- Rules) and 1999 c 151 s 201, 1994 sp.s. c 9 s 515, 1991 c 3 s 273, 1986 c 216 s 2, & 1984 c 281 s 4;
- (5) RCW 18.135.035 (Requirements for certification -- Military training or experience) and 2011 c 32 s 12;
- (6) RCW 18.135.040 (Certification of health care assistants) and 2006 c 242 s 3 & 1984 c 281 s 3;
- (7) RCW 18.135.050 (Certification by health care facility or practitioner -- Roster -- Recertification) and 1996 c 191 s 82, 1991 c 3 s 274, & 1984 c 281 s 5;
- (8) RCW 18.135.055 (Registering an initial or continuing certification -- Fees) and 2012 c ... s 18 (section 18 of this act), 1996 c 191 s 83, 1991 c 3 s 275, & 1985 c 117 s 1;
- (9) RCW 18.135.060 (Conditions for performing authorized functions -- Renal dialysis) and 2001 c 22 s 3, 2000 c 171 s 30, & 1993 c 13 s 1;
- (10) RCW 18.135.062 (Renal dialysis training task force -- Development of core competencies) and 2001 c 22 s 4;
- (11) RCW 18.135.065 (Delegation -- Duties of delegator and delegatee) and 2009 c 43 s 5, 2008 c 58 s 3, 1991 c 3 s 276, & 1986 c 216 s 4;
- (12) RCW 18.135.070 (Complaints -- Violations -- Investigations -- Disciplinary action) and 1993 c 367 s 11 & 1984 c 281 s 7;
- (13) RCW 18.135.090 (Performance of authorized functions) and 1984 c 281 s 9;
- (14) RCW 18.135.100 (Uniform Disciplinary Act) and 1993 c 367 s 12;
- (15) RCW 18.135.110 (Blood-drawing procedures -- Not prohibited by chapter -- Requirements) and 2006 c 242 s 2; and
- (16) RCW 18.135.120 (Administration of vaccines -- Restrictions) and 2008 c 58 s 4.

NEW SECTION. Sec. 21 The secretary of health shall adopt any rules necessary to implement this act.

NEW SECTION. **Sec. 22** Sections 1 through 12, 14, 16, and 18 of this act take effect July 1, 2013.

NEW SECTION. **Sec. 23** Sections 15 and 17 of this act take effect July 1, 2016.

Passed by the Senate March 5, 2012.
Passed by the House February 29, 2012.
Approved by the Governor March 29, 2012.
Filed in Office of Secretary of State March 29, 2012.

Appendix B

Texas Workforce Board Record of Previous Education and Training Form

TEXAS WORKFORCE COMMISSION
Career Schools and Colleges
Record of Previous Education and Training

School Name: _____

Authority for Data Collection: *Texas Education Code, §132.055 and Texas Administrative Code, §807.191(c)*

Planned Use of the Data: This form must be used by the school in its entirety to provide a record by which previous education and training may be evaluated and credit given to the student and to provide a record of such credit and reduction of program length/cost as required by the law.

Instructions: Complete each item on front and back. If an item is not applicable, write "NA." If credit is being claimed for post-secondary education, a transcript must be provided. Credit for experience should also be granted, if justified by the school's evaluation of the student's skills. Attach additional pages as needed. The completed form is to be maintained in each student's file. A copy of the completed form will be given to the student. Credit for previous education and training cannot be granted until this form is completed and signed by the school official and the student. If clarification is required, contact Career Schools and Colleges.

Student Information

Name: _____ SSN: _____ Date of Birth (mm/dd/yy): _____

Name of Program: _____

Secondary Education: High School Diploma Home Schooled GED

Post-secondary Education

Type of School	Name and Location of School	Dates Attended				Graduated		Type of Diploma/ Degree	Major Field of Study
		From MO YR	To MO YR	YES	NO				
College or University						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
Technical or Vocational						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
Other						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		

Previous Training

Identify previous experience and skills that relate to the program curriculum for which you desire credit.

Student Certification

I certify that all the above information is true and complete.

(Signature of Student)

(Printed Name of Student)

Date (mm/dd/yy)

FOR SCHOOL USE ONLY

Entrance Test: _____ (Score) _____ (Name and Version)

School Evaluation of Previous Education and Training

Instructions: List below the subjects of this program for which credit is given, the hours of credit granted, and the justification for which the credit is granted such as skills tests, years' experience, and transcript information.

Subject	Course Time + Hours of Credit	Justification of Credit

Credit / Price Adjustments

			Tuition	Other	Total
Original Program Length:	_____ Hrs*	Original Cost	\$ _____	\$ _____	\$ _____
Less Credit Granted	_____ Hrs*	Less Credit Granted	(\$ _____)	(\$ _____)	(\$ _____)
Adjusted Program Length	_____ Hrs*	Adjusted Cost	\$ _____	\$ _____	\$ _____

*Course Time

- I certify that all information provided by the student has been evaluated and that the student will not receive credit.
- I certify that all information provided by the student has been evaluated and that the student has been given credit for which he/she is entitled as identified herein.

(Signature of Authorized School Official)

(Printed Name)

Date (mm/dd/yy)

Student Acknowledgment *Do not sign below unless the information above is complete and signed by the school official.*

I have discussed the above evaluation of my previous education and training with the authorized school official and acknowledge that:

- I will receive the above stated credit, or
- I will **not** receive credit.

(Signature of Student)

(Printed Name of Student)

Date (mm/dd/yy)

* **Course Time** (actual hours): the total hours of time experienced by the student in the course for all types of course time, including classroom, lab and externship hours. An hour of course time is equivalent to a 50-minute to 60-minute lecture, recitation, class (including a laboratory class or shop training) or internship, within a 60-minute period, or 60 minutes of preparation in asynchronous distance education. Intensity of course time hours varies by school and program, but typically, 100 course time hours is equivalent to about a month of full time school.

Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.

Appendix C

Notes from Career Ladder Workshops (7/11/12 & 8/7/12)



Medical Assistant Career Ladder Workshop
Washington State Department of Health Tumwater Campus
July 11, 2012

Participants:

Gail McGaffick, Washington State Podiatric Medical Association, Corinthian Colleges Inc.
Susan Scanlan, Washington State Podiatric Medical Association
Gena Wikstrom, Northwest Career Colleges Federation
Lyn O'Neal, Skagit Valley College
Lourie Harrington, Pima Medical Institute Seattle
Sandra Manwiller, Washington State Assembly of Surgical Technologists
Tiffany Merkel, State Board for Community and Technical Colleges
Lorine Hill, Everest College
Pat Brown, Tacoma Community College
Marti Garrels, Lake Washington Institute of Technology
Jodie Pierce, Everest College
Linda Hull, Everett Clinic
Elizabeth Engel, Lower Columbia College
Brad Tower, Optometric Physicians of Washington
Babs Cerna, Highline Community College
Susie Tracy, Washington Ambulatory Surgery Center Association, Washington Academy of Eye
Physicians and Surgeons
Gerry Landes, Renton Technical College
Lea Hoffman, Renton Technical College
Claire Glover, The Everett Clinic
Carolyn Fuller, South Puget Sound Community College

Department Staff

Erin Obenland
Brett Cain
Cece Zenker
Kris Reichl
Sherry Thomas

Per Section 11 of ESSB 6237, the Department of Health (department) held a workshop with interested stakeholders from Washington state to discuss opportunities and barriers to career ladders for medical assistants. The department will use the information taken from the workshop to create a report to the legislature.

The following was discussed:

I. ROLE OF SCHOOLS AND ORGANIZATIONS

A. Credit for prior learning

- i. How do we align program and institutional accreditation and standards for state prior learning? Where will we find bumps?
 1. How long has it been since the class has been taken?
 2. How will we assess 'fit' of course or program?
 3. Need to be consistent and competency based
 4. Accommodate prior learning in various programs
 5. Accommodate and take out filled competencies within programs and give credit for prior learning
- ii. How does one get formal educational credit (value) for on the job experience?

B. Partnerships – current and potential

- i. Build statewide partnerships between community and technical colleges so that credits and courses transfer consistently
 1. One step in making this happen is to agree on certain competency based assessments
 2. How will particular skills and competencies be recognized from different schools and classes?
 - a. Align program and institutional accreditation standards with state prior learning standards
 - b. Set criteria for assessment for prior learning
 - c. Create accommodating curriculum for prior learning and experience
- ii. Build statewide programs of study
 - a. Currently, there are individual institutions with forced articulation, accreditation issues
 - b. Need trust building between secondary and postsecondary, public and private

C. State Workforce Board

- i. Agency that licenses any program in the state that is non-public that is 24 hours or longer in length
- ii. What is their role in promoting career ladders for current and future nursing assistants (CNA) and medical assistants (MA)?
 1. How do they promote career ladders for the many schools licensed under their jurisdiction who offer CNA and MA programs?
- iii. Assess strength of the relationship between the workforce board and those hiring MAs

D. Information sharing/marketing

- i. The issue of marketing, or informing students and entry level health care workers of what resources, jobs, and educational opportunities are available to them

E. Delivery of services

- i. A simplified approach to MAs certified, broken into those who are available to be registered
 - 1. With simplified view, individuals under the different health care categories go to the private schools, community colleges, and technical colleges
 - 2. Possibility of using existing models; i.e. using hybrid or online courses
 - 3. Assessment is important—competencies must be accurately and consistently assessed
- ii. Hybrid delivery – online didactics and clinical competency assessment. Ways to reach MAs in rural communities. Possibly a one day class?
- iii. Colleges and schools can help out—pathway in the future for a combination of position or clinical education in conjunction with the schools where people can learn online and then come in for a competency exam, otherwise people will be “frozen in time”
- iv. Include a career ladder piece into all MA education programs detailing how to move up the ladder

II. BARRIERS/CONCERNS

A. Training

- i. A need was identified for a means to hire and train personnel in the office, especially in specialty practices (optometric, podiatric)
 - 1. Many practices have people who work in offices and are trained in-office
 - 2. Where is the boundary between purely clerical and somewhat clinical task?
 - a. Will the new law (ESSB 6237) limit an employer’s ability to train staff for specific tasks?
 - 3. People whose clinical tasks are limited to mild, non-invasive procedures do not need a 9-12 month course to effectively perform those particular tasks
- ii. There is a lack of value for time of practice

B. Communication

- i. The general public doesn’t know what opportunities are available—there must be outreach

C. Current law

- i. Several concerns were listed with the ‘shopping list’ of tasks that the different categories of MAs may perform
- ii. Career Pathways Act was in legislation last session but did not pass
 - 1. Attempts to create statewide career pathways, including pathways into health care professions
- iii. What changes will need to be presented to the legislature to accommodate these clerical workers that occasionally perform mild and low risk medical procedures?

1. There is a concern that people who have been doing simple medical procedures for several years may not be able to perform the tasks under the new legislation

III. OTHER DISCUSSIONS

- A group defined an *entry level health care worker* as any individual that practices in a healthcare profession that requires less education than medical assisting
- Suggestion: Construct a grid that lists professions and what scope and education limits them
 - Grid should highlight the barriers—what is preventing entry from one profession to another?
- Discussion on the distinction between what a medical assistant does and what a nurse does
 - Perform many of the same clinical functions
 - MAs deal more with healthy patients; they focus on preventative care
 - Nurses care for sick and “bedridden” patients on a more consistent basis
 - The main difference between a nurse and an MA lies in assessment. Nurses make clinical judgments and decisions while MAs generally do not—they work directly with doctors who do the assessing
- DOH staff encouraged attendees to go to the MA page on the Department of Health website, read the FAQs and provide comments and suggestions



Medical Assistant Career Ladder Workshop
Washington State Department of Health Tumwater Campus
August 7, 2012

Participants:

Gail McGaffick, Washington State Podiatric Medical Association, Corinthian Colleges Inc.
Gena Wikstrom, Northwest Career Colleges Federation
Lyn O'Neal, Skagit Valley College
Lourie Harrington, Pima Medical Institute Seattle
Marti Garrels, Lake Washington Institute of Technology
Jodie Pierce, Everest College
Elizabeth Engel, Lower Columbia College
Claire Glover, The Everett Clinic
Leslie Anderson, The Doctors Clinic
Prather Stinson, Pima Medical Institute
Susan Peterson, Washington State Medical Association
Michael Handley, Cascade Valley Hospital and Clinics
Peg Gerber, Pima Medical Institute
Sonja Hallum, Workforce Training and Education Coordinating Board
Justin Henderson, Skagit Valley College
Tom Wolf, Washington State Society of Medical Assistants, The Everett Clinic
Brian Lee, Everest College
Elizabeth Adolphsen, Everett Community College

Department Staff:

Kris Reichl
Kristi Weeks
Blake Maresh
Ann Marie Sterling
Brett Cain
Cece Zenker

Per Section 11 of ESSB 6237, the Department of Health (department) held a workshop with interested stakeholders from Washington state to discuss opportunities and barriers to career ladders for medical assistants. The department will use information taken from the workshop to create a report to the legislature.

The following was discussed:

- I. Credit for prior learning
 - A. Prior learning needs a clear definition

- i. Should include both transfer of credits and on the job training
 - ii. Credit for experience will be different for medical assistant-registered vs. medical assistant-certified
 - a. Some medical assistant-certified individuals may be getting highly specialized training
 - iii. Transfer of credits should be allowed whether national or regional accreditation
 - B. Look at other states
 - i. Michigan and Indiana
 - a. Adopted CAAHEP standards for MAs
 - 1. Allows for easier interstate transfer
 - 2. Allows for deferral to a national standard
 - ii. Florida
 - a. [Statewide Course Numbering System](#)
 - iii. Texas
 - a. [Record of Previous Education and Training](#)
 - C. Some MA programs are certified, others are not
 - D. Accepting transfer credits
 - E. Proof of prior learning is the responsibility of the student/employee with institution open to review
- II. Information sharing/marketing
 - A. General consensus that community and technical colleges are doing a good job of marketing their programs and sharing information
 - i. Web advertising
 - ii. Hosting of information sessions
 - iii. State Workforce Training and Education Board is currently working on statewide programs
 - B. Encourage engagement from the state/Department of Health
 - i. Rules workshops and other public meetings webcast
 - ii. Department-facilitated information sessions at schools
 - a. Presentations to both educators and students
- III. Current and potential partnerships
 - A. Should be broad based and inclusive
 - i. Include professionals, students, and educators of other health care professions
 - a. Both entry level and advanced health care professionals –i.e. nursing assistants, LPNs, RNs, PA, etc.
 - B. Washington State Society of Medical Assistants
 - i. Have an ‘informal’ conference twice a year
 - ii. There was discussion on broadening the scope of this conference
 - C. Military
 - i. Equivalent training standards
 - ii. JBLM transition office
 - D. Form partnerships between state (DOH), educators, and employers
 - i. State-sponsored webinars
 - ii. State-sponsored workshops and information sessions

- E. Advisory committees
- IV. Delivery of education and training
 - A. Use of modules vs. traditional courses
 - i. North Seattle Community College uses a modular system
 - ii. If modular system is considered, schools will need to work with textbook providers to ensure consistent content
 - B. Exam preparation classes
 - C. Teach to the individual
 - D. Web-enhanced courses
 - E. Good syllabi and course descriptions are important
 - F. [State Career Bridge Website](#)
- V. Other discussions
 - A. AAMA continuing education requirements
 - i. Something to consider once MA profession is established in Washington?
 - B. Concern over the use of the word “registration”
 - i. A clear distinction must be made between the use of the words registration and certification
 - a. There may be confusion within the medical community over the term “registered” as there is a registered medical assistant designation issued nationally by American Medical Technologists (AMT) - this is a completely different credential than the registration that will be issued by the state
 - ii. People who hold national certifications must be informed that they will still need a state registration or certification, especially MAs moving from other states
 - C. Recommendation to include in report the limitations of the law as to how specialty personnel fit in
 - D. Concern that four-year colleges are not at the table
 - i. It is important that they are a part of the partnership—working with career and community college and technical schools and employers

REFERENCES

1. Accrediting Bureau of Health Education Schools. <http://www.abhes.org/>
2. American Association of Medical Assistants. <http://www.aama-ntl.org/>
3. American Medical Technologists. <http://americanmedtech.org/>
4. Commission on Accreditation of Allied Health Education Programs, Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting. <http://www.caahep.org/Documents/MedicalAssistant1999.pdf>
5. Council for Higher Education Accreditation. <http://chea.org/>
6. Encyclopedia and Dictionary of Medicine, Nursing, & Allied Health 7th Edition. Miller-Keane and O'Toole, Marie T. Elsevier, Inc. 2003.
7. Engrossed Substitute Senate Bill 6237. 2012 Regular Session ed: 2012. <http://apps.leg.wa.gov/documents/billdocs/2011-12/Pdf/Bills/Session%20Laws/Senate/6237-S.SL.pdf>
8. Florida Department of Education, Statewide Course Numbering System. http://scns.fldoe.org/scns/public/pb_index.jsp
9. Medical Assistant Career Ladder Workshops. Tumwater, Washington. July 11 and August 7, 2012.
10. Ohio Board of Regents, University System of Ohio. <https://www.ohiohighered.org/transfer>
11. Revised Code of Washington. <http://apps.leg.wa.gov/RCW/default.aspx?cite=18.135>
12. Texas Workforce Commission, Record of Previous Education and Training. <http://www.twc.state.tx.us/svcs/propschools/ps010.pdf>
13. United States Department of Education. <http://www2.ed.gov/admins/finaid/accred/index.html>
14. Washington Administrative Code 246-826. <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-826>
15. Washington State Department of Health, Medical Assistant Sunrise Review. December 2011. <http://www.doh.wa.gov/Portals/1/Documents/3000/MedAsstFINAL.pdf>
16. Washington State Department of Labor and Industries. <http://www.lni.wa.gov/TradesLicensing/Apprenticeship/default.asp>
17. Washington State Society of Medical Assistants. <http://wssma.org/>
18. Washington State Workforce Training and Education Coordinating Board. <http://www.wtb.wa.gov/Documents/RONE nursingfrombestpracticebooklet.pdf>